U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a saild OMB control number.

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/768,960
Filing Date	2/28/2004
First Named Inventor	VEMULA et al.
Title	Purchase Planning and Opti
Art Unit	3623
Examiner Name	Beth V. Boswell
Attorney Docket Number	CHVM-00100

I hereby revoke all previous powers of attorney given in the above-identified application.							
A Power of Attorney is submitted herewith.							
OR I hereby appoint Practitioner(s) associated with the following Customer Number as my/our afformey(s) or agenti(s) to prosecute the application identified above, and to transact all business in the United States Pater and Trademark Office connected therewith: OR		ition		42349			
[] I hereby appoint	I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:						
F	Practitioner(s) Name		Registration Number				
Please recognize o	r change the correspondence address fo	or the above-	identified app	plication to:			
The address ass	ociated with the above-mentioned Customer Num	ber.					
OR				7			
The address ass	ociated with Customer Number:						
OR	L. L.						
Firm or Individual Name							
Address							
City		State		Zip			
Country Telephone		Email					
Lam the:		Chian					
Applicant/invento	r .						
·····OR	La la Maria de La Carta de Car						
Assignce of record of the entire interest, See 37 CFR 3.71, Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on							
	SIGNATURE of Applicant of	or Assignee of	Record				
Signature	Chardraen Vennel		Date	2/3/2010			
Name	Chandrasekar Vernula		Telephone	510-396-3817			
Title and Company	tle and Company Applicant/Inventor						
NQTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below:							
Total of forms are submitted.							

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U S C 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete including gathering, preparing, and submitting the complete discontinum to the USPTO. Time will vary depending upon the individual case. Any comments on amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer. U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR **REVOCATION OF POWER OF ATTORNEY** WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	lication Number 10/788,960		
Filing Date	2/28/2004		
First Named Inventor	VEMULA et al.		
Title	Purchase Planning and Opti		
Art Unit	3623		
Examiner Name	Beth V. Boswell		
Attorney Docket Number	CHVM-00100		

I hereby rev	e all previous powers of attorney given in t	he above-identi	ified application.			
A Power of Attorney is submitted herewith.						
Numbe identifie	ppoint Practitioner(s) associated with the following Cost my/our attorney(s) or agent(s) to prosecute the appabove, and to transact all business in the United State amark Office connected therewith:	lication	42349			
I hereb	I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:					
	Practitioner(s) Name		Registration Number			
						
Please reco	nize or change the correspondence address	s for the above	-identified application to:			
	ess associated with the above-mentioned Customer N	umber.				
OR						
The address associated with Customer Number: OR						
Firm or	Name					
Individual Name Address						
City		State	Zip			
Country Telephone		Email				
I am the:		2				
	Inventor.					
OR Assignee of record of the entire interest. See 37 CFR 3.71.						
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on						
SIGNATURE of Applicant or Assignee of Record						
Signature	The state of the s		Date 1/25/2010			
Name	VMek Sehgal		Telephone 404-202-5597			
Title and Company Applicant/Inventor NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one						
signature is required, see below*.						
★Total of forms are submitted.						

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.